

JAN 8 1941

Registration District No. 784

Primary Registration District No. 212

2387

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Manchester Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days 3

3. (a) PRINT FULL NAME Henry P. Graebler

3. (b) If veteran, no name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Erena 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 14 1859  
(Month) (Day) (Year)

8. AGE: Years 81 Months - Days 1 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Belleville Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Cigar maker

12. Name John Graebler

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kissell

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Krieg

(b) Address 6731 Crest Ave. U City

17. (a) Removal (b) Date thereof 12-17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville Ill.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) DEC 17 1940 (b) R. G. Jansen  
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Manchester  
(If outside city or town limits, write "RURAL")  
(d) Street No. Manchester Nursing Home  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? yes \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th  
year 1940 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 7th, 1940, to December 14, 1940;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Bronchial Asthma  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. G. Jansen (M. D. or \_\_\_\_\_)  
Address Manchester, Mo. Date signed 12/16/40

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1841

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**